



# Withdrawal Form

Students desiring to withdraw from **Carolina University of Theology** must complete this form, obtain the Signatures of those officials indicated below, and meet with the Dean of Students.

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

ID#: \_\_\_\_\_ Date Enrolled at C.U.T: \_\_\_\_\_ Class Year: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Best way to reach you once you leave C.U.T: \_\_\_\_\_

I plan to withdraw as of beginning: \_\_\_\_\_  
Month day year

I plan to transfer to another institution beginning: \_\_\_\_\_ Institution: \_\_\_\_\_  
Term year

### Obtain the signatures required below:

1. Student and I (have) (have not) discussed the withdrawal implications on his/her academic program.

\_\_\_\_\_  
Faculty Advisor or Dean for Academic Advising

\_\_\_\_\_  
Date

2. Student (has) (has not) notified the Financial Aid Office of his/her withdrawal.

\_\_\_\_\_  
Financial Aid Director

\_\_\_\_\_  
Date

Currently owes a tuition balance to the University? Y N

3. Satisfactory arrangements (have) (have not) been made for the payment of all College accounts.

\_\_\_\_\_  
Controller

\_\_\_\_\_  
Date

Outstanding Balance \_\_\_\_\_

4. Student has notified the Registrar of his/her leaving.

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

***I acknowledge that my withdrawal may adversely impact my current and future financial aid awards and result in a balance due to Carolina University of Theology. I accept responsibility for any and all amounts due to the College consistent with the policies outlined in the College Catalog.***

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Dean of Students {Final Signature} Date

### For Office Use Only

Reason Code \_\_\_\_\_ Disciplinary File? Y N Conditions for Return? Y N